CLAIMS ONLY			Application Number 10/589077		Filing Date	
			Applicant(s)			

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT				Indep	Depend	Indep	Depend	Indep	Depend
	Indep	Depend	Indep	Depend	Indep	Depend	51							
1							52							
2							53							
3							54							
4							55							
5							56							
6	1						57							
7							58							
8							59							
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11							62							
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40							91							
41							92							
42							93							
43							94							
44							95							
45							96							
46							97							
47							98							
48							99							
49							100							
50														
Total Indep	1						Total Indep							
Total Depend	4						Total Depend							
Total Claims	5						Total Claims							